Overview/goals today

- Basic concepts
- Fitting technique/criteria
  - Insertion, removal, flat vs steep, evaluation, lens care,
- Troubleshooting
- How to implement into my office
Scleral Lenses

Definition: A large gas permeable contact lens that rests fully BEYOND the limbus and may generally range from 15.0-21.0mm in diameter.

Material: optimum extra or optimum extreme (dk 100 and 125)
Corneo-scleral lens: 13-15mm
- Fenestrated (more similar to a soft lens fit)
- Non fenestrated (more similar to a scleral fit)

Mini sclerals
- 15-18mm
- Still entirely vaults cornea
- 100% of my fits have been this type

Full scleral
- Greater than 18mm
- Megalocornea, very prominent corneal grafts, the most advanced cone
Who benefits?

ABNORMAL EYES
- Keratoconus/pellucid
- Post surgical
  - Transplant, RK, LASIK
- Corneal scarring
- Salzmann’s degeneration

“NORMAL” EYES
- High ammetropia/cylinder
- Moderate/Severe Dry Eye Disease
- Presbyopia
- “smaller” eyes/corneas
What do I need to get Started

- Fitting Set
- DMV plunger BIG and SMALL
  - Cut off bottom of big plunger
- Boxes of inhalation 0.9% non preserved saline
- Fluorescein Strips
- Water proof Apron
- Boston simplus (optional)
- Optional but helpful
  - OCT (ant seg capable), Topographer
NOW WE ARE READY TO FIT!

Not have a fit.....
Step 1: Setup a Work Station
Step 2: Insertion

- Select a trial lens to start with (steep eye, steep lens, flat eye, flat lens)
Step 2: Insertion

- Select a trial lens to start with (steep eye, steep lens, flat eye, flat lens)
- Have patient put on apron
- Place lens on BIG plunger, fill until saline is overflowing
- Dip fluorescein strip into the saline filled contact lens
- Have patient place their chin against their chest and have them place their head parallel to the ground
- Have the patient stare toward the ground while they grab their LOWER LID. You as the doctor will grab their UPPER LID
- Quickly insert the scleral lens trying to lose as little fluid as possible…quick and steady helps prevent bubbles
Step 3: Evaluation

- Using BRIGHT, WHITE light, create an optic section and move the light source to 45 degrees.
- Evaluate the central clearance or the clearance over the STEEPEST point of the cornea. It should be at or near 250um.
- Move the slit beam toward the limbus. There should still be at least a sliver of green light still visible as you cross over it into the sclera.
  - If not, increase limbal clearance or get a larger diameter lens.
- Make sure the edges of the lens are not compressing or impinging blood vessels and that they are no lifting up.
- Should fit like a glove!
Fluorescein Evaluation

- Evaluate Central and Peripheral Clearance
- WHITE Light
- Optic Section
- HIGH Magnification
- Scan across entire cornea and limbus
If the glove don’t fit...

Get a new glove...
SCLERAL LENS FIT ASSESSMENT GUIDE

1. Front surface of lens
2. Center thickness (CT)
3. Clearance (1/2 of CT)
4. Corneal thickness
Limbal Clearance
What to Record during initial fit

- Type of lens used (Acculens Maxim, zen lens custom stable, etc)
- Base curve, diameter (all listed on each trial lens)
- The over refraction with vision
  - Each lens has an inherent power so just record the over refraction)
  - HIGHLY recommend checking TORIC over refraction
- Comment on central clearance, limbal clearance, and edges
- Any changes you want made
  - Ideal fit has 250um clearance initially, is well centered with no edge impingement and is well aligned with the sclera and minimal movement
Example

- OD  Maxim 7.34/15.9  OR -300 -125 x 85  20/20-  350um central, mild low sitting lens, edges mildly steep, impingement of PING nasally

- For this lens I would request to decrease central clearance ~75um which would likely take care of the edges and help center the lens. I would also add double slab off which is a lens design that helps centration. I would also add a notch nasally to circumvent the pinguecula which I will show an example of later. Finally I would incorporate a front toric to the lens which takes care of th residual cylinder. A black dot would be placed at 6 o clock which is how we want the patient to insert the lens.
Fluorescein Evaluation

- Diffuse Cobalt Illumination
- LOW Magnification
- Wratten Filters are helpful
- Central Cornea and Limbus
- Look for zones of narrow clearance
Corneal Grafts

- Must vault the entire graft and edge of the transplant zone!
Compression
Impingement
Impingement
Technology

- **OCT**
  - Once lens is on the eye can use pachymetry function to measure vault and the angle function to evaluate lens edges and limbus.

- **Topography**
  - Accurate measure of corneal diameter
  - Better identify irregular corneas and steepest areas to ensure proper vaulting
    - Central corneal apex (within central 4mm) go with standard design
    - More peripheral corneal apex or peripheral abnormalities, go with reverse geometry design
      - Transplants, Salzmann’s
3 steps to a good scleral fit

- 250 microns of central clearance (or over steepest point on cornea)
- Adequate limbal clearance (at least 50um)
- Aligned edges
  - No compression (not enough limbal)
  - No impingement (too steep)
  - No edge lift (too flat)
Billing
1. The SHERMAN ANTITRUST ACT says we, sitting here as a group of “competitors” (strike 1 and 2), can NOT discuss setting fees! The fees here discussed are intended to be instructional only.

2. That being said here is my fee recommendation…
Costs

- Fitting set
  - Ballpark $400 per set (differs company to company)

- Cost of lenses (plus shipping)
  - Ballpark of $400-$450 for OD and OS total
    - Base lens price + extras (slab off, front toric, plasma, inverse, etc)
  - Different companies, different remake policies

- Chairtime!!!!

- Box of saline (100 vials) ~ $15

- Plungers:
  - Small: pack of 3 ~ $10
  - Large: pack of 3 ~ $15
Reimbursements 😊

- Medical insurance ➔ pain in the A**
  - 92014, 92015, V2531 (scleral CL) H18.613 (stable K conus)
  - Also needed a medical necessity letter and chart notes

  **STICK TO BILLING THE VISION PLANS!!!!!!!!!!!**

- Vision plans (VSP, Eyemed, Davis)
  - $$$$$$$$$$$
  - Diagnosis
    - Keratoconus, corneal ectasia, **vision improvement** ➔ up to $2300.00 fit+lenses
    - High ammetropia ➔ variable reimbursement
CPT Codes

- **92072 fitting of CL for keratoconus**
- 92105 refraction
- 92312: OCT ant seg
- 92285: ext ocular photo
- 92286: specular
- 76514: pachymetry
- 92499: aberrometry
- 92025: topography

- Need interpretation/report for these
- 92310: fitting of RGP sphere OU
- **92313: fitting of corneoscleral lens**
  - These are reported IN ADDITION to your 92014, 92012, 99212, 99214
  - Do NOT use for K conus
- 92326: replacement of contact lens
  - Used if 1 year visit and simply ordering new set without making any “substantial” changes
  - If making changes, use the
Material Codes

- V2531-right and left
  - Scleral lens codes
- V2599
  - Hybrid lens code
  - Often requires letter of medical necessity
- V2627
  - Scleral Shell Code
  - Controversial but can use for severe dry eye in combination with failed alternatives
VSP
- Step 1: call VSP to see if patient eligible for medically necessary lenses
- Step 2: get authorization number from VSP to enter into eyefinity and follow the claim instructions from there.
- **V2531 = scleral gas perm lens**
- **V2599 = contact lens, other type**
  - Hybrid lens code only
- **92313 = fitting of corneo-scleral lens**
- **92072 = fitting of CL for keratoconus**
- Easiest ways to get VSP medically necessary approval
  - Keratoconus
  - Ammetropia > +/- 10.00 D
  - Corneal ectasia + peripheral corneal degeneration

Eyemed
- Step 1: Call Eyemed and find out if patient is eligible
- Step 2: get authorization number
- Step 3: print out Eyemed Form, fill it out and fax it in.
- Use 92 code (92072)
- V code listed on bottom of form.
- Keratoconus
  - Must specify mild/moderate vs advanced
  - Advanced pays up to 2300
  - Mild/mod pays up to 1200
- High ammetropia
- Corneal ectasia
- Anisometropia
Keratoconus: comp visit, existing patient

- Existing comp exam 92014
- Topography 92025
- External photo if scarring or striae or neo etc: 92285
- Refraction 92015 (can use -22 modifier for complex)-pays extra
  - Requires letter of med necessity to insurance plan
- Pachymetry 76514
- This portion goes to medical (other than refraction)

Generally will return for fit

- Fitting of contact lens for keratoconus 92072
  - Code can only be used for initial fit. Subsequent fits must use other evaluation of contact lens code such as 92313***
  - Can be broken down into OD and OS or combined as one fit fee
- Scleral materials code V2531-right V2531-left

1 week CL check included in this. ALL SUBSEQUENT VISITS are BILLED 92012 medical visits once finalized!
VSP vs EYEMED from previous example

- VSP: use V2531 right and left for sclerals

- **Must specifically type exact brand name of lens use in Box 19 eyefinity**
  - If you just write scleral and Acculens, they will default to easyfit and you will get paid a LOT less
  - **VSP maximum = $2300 for med nec scleral**

- for eyemed simply fill out the form correctly
  - Mild k conus: steep K < 53 and pachy of >475, mild symptoms
    - Reimburses up to $1200
  - Advanced: steep k >53 pachy <475 or any scarring, worse VA
    - Reimburses up to $2500
Dear [Recipient],

I am writing to request coverage of contact lenses for [Patient Name] under [Insurance Provider].

I have examined [Patient Name], who has advanced keratoconus, unstable (H18.623), and who according to the American Medical Association "Definition of Medical Necessity", qualifies for medically necessary contact lenses. It is therefore medically necessary for [Patient Name] to wear Rigid Gas Permeable Scleral contact lenses in both eyes. I am writing this letter for review of benefits under [Insurance Provider] to plan for the prescribing of contact lenses that are therapeutic. These are NOT cosmetic contact lenses.

The service code (CPT) for this diagnosis is:
92072: Fitting of contact lens management of keratoconus, initial fitting

- The fee for this service is $1500.00 for both eyes combined

The material code (HCPCS) for this service is:
V2531-right
V2531-left
- The fee for these lenses are $400 per eye for a total of $800.00

Please contact me immediately regarding [Patient Name] available benefits or with any other questions.

Sincerely,

Alex D. Gibberman, OD
Reimbursements

- **VSP**
  - Keratoconus → $2300 max
  - Corneal ectasia → $2300
  - High ametropia → $800ish

- **Eyemed**
  - Vision improvement → $2300
  - Advanced keratoconus → 2300
  - Early Keratoconus → 1200
  - High Ammetropia → 700
  - Corneal Ectasia → 2300
  - Anisometropia → 700

- **Superior**
  - Requires letter of medical necessity + chart notes

- **Davis**
  - Requires chart notes + letter of medical necessity

- **Caresource/Medicaid**
  - Keratoconus or Corneal Ectasia → TBD
  - Requires chart notes + letter of medical necessity
### Medically Necessary Codes (Includes Contact Lens Evaluation/Fit and Follow and Materials) - SUBMIT AS PRIMARY

- **Antimetrope 92310AN**: Select this if Rx is 3D in meridian powers. Check this box and the box below. Reimburses up to $700 for services and materials.
- **High Antimetrope 92310HA**: Select this if Rx exceeds ±100 or ±100 in meridian powers in either eye. Reimburses up to $700 for services and materials.
- **ICD-9 Code 367.31**
- **U&C $**

### Complete Information Below for Members Covered by Pediatric Vision Benefits - CALIFORNIA ONLY

- **Pediatric Antihyla 92310AI (CA only)**: Reimburses up to $3730 for services and materials.
- **Pediatric Aphakia 92310AP (CA only)**: Reimburses up to $5800 for services and materials.
- **ICD-9 Code 743.46**
- **U&C $**

### Vision Improvement 92310V1

- **Keratoconus 929072**: Select this if diagnosis is Keratoconus. Check this box and the one below. Reimburses up to $1200 for services and materials.
- **ICD-9 Code 371.60**
- **U&C $**

### Important Information

We will periodically review clinical records to make sure you're correctly applying the medically necessary contact lens benefits. If the record doesn't support this condition, we will recoup any overpayment by withholding payment on future claims, where laws permit. As you may know, we can consider any inaccurate submission to be a false claim. Falsifying information or filing false claims can result in disciplinary action up to and including termination from our network. If we believe you've filed a false claim, we might also have to report it to regulatory and law enforcement agencies as appropriate. See [http://www.eyemedinfo.com/the-basics/online-provider-manual](http://www.eyemedinfo.com/the-basics/online-provider-manual) for our full Quality Assurance process and disciplinary actions.

Do not file the claim for medically necessary contact lenses electronically. Fax claim form to 866-293-1373. Submit the claim "Corrected Med. Nec. Contact Claim".

### Provider Information

- **Provider Name:**
- **Servicing location name and full address:**
- **Tax ID Number:**
Choose Your Fee Schedule

Accordingly

Things to consider

- Consulting visit
- Chair time
  - Fitting
  - Dispense
  - Follow
- Cost of goods
  - Plungers
  - Fluorescein
  - Fit set
  - saline
Appointments

- Visit 1: consult, topography, pachymetry, refraction
  - 15 minutes
  - This is usually a billed medical visit if patient was referred.
- Visit 2: The fit
  - 30-45min
- Visit 3: Dispense, Insertion/removal training
  - 30-45min
- Follow up
  - 1 week CL check
  - Every few months for transplant patients.
  - Every 6 months for everyone else
QUESTIONS

- Does a scleral lens stop Keratoconus from progressing?
- What happens if my prescription shifts or changes?
- How long do the lenses last if my prescription doesn’t change?
- Can I get cross linking before or after being fit?
- Can I use allergy drops (or any drops) with the lenses?
Scleral Case 1

- 36 year old female, keratoconus OS>OD
- Previously wore soft lenses
- Best spec Rx:
  - OD 20/30-
  - OS 20/100
- Corneal Striae OU, scarring OS
- Pachs: OD 470um OS 403um
OCT Image of Scleral OS
With Sclerals

- OD 20/30+
- OS 20/30 (improved from 20/100)
- Happy patient
THANK YOU!!!!!

- **REMEMBER**
  - **PRACTICE MAKES PERFECT…DON’T GET FRUSTRATED**
    - **MISTAKES WILL HAPPEN**
  - **TAKE ADVANTAGE OF CONSULTING**
  - **CALL ME** 513-470-4523
  - **MAYBE MOST IMPORTANT**
    - **LOOK AT YOUR OWN PATIENT BASE**
    - **MARKET YOURSELF TO OPHTHALMOLOGY OR SURROUNDING DOCS**